

**E-Code Workgroup Conference Call
June 6, 2000**

**Summary of Discussion
Prepared by the National Association of Health Data Organizations (NAHDO)**

Marjorie Greenberg provided an overview of the Public Health Data Standards Consortium, background and principles, etc. The National Center for Health Statistics (NCHS) contracted NAHDO to conduct an assessment of statewide encounter data practices and make recommendations for priorities for public health and research data needs. These priorities would serve as a starting point for Consortium activities over the next year.

Denise Love provided an overview of the E-code Workgroup Charge. By mid-September, the draft report turns into a final report due to NCHS. NAHDO sees this Workgroup (and others) as advisors to the final report, guiding content and assuring completeness and face validity of recommendations. Before the September contract-end, this workgroup should:

- Review the draft “business case” and pros and cons, current practice
- Review and revise NAHDO’s proposed recommendations in light of additional information
- Provide additional documentation or referrals to more fully develop the business case
- Recommend a clear path or implementation steps (including education)

If more work is in progress at the mid-September mark, then wherever the issue stands at that point will be included with the acknowledgement that more is yet to be done.

Donna Pickett provided an overview of the American Public Health Association (APHA) study conducted several years ago in which the findings were similar to NAHDO’s: that e-code data collection is inconsistent across states.

Arturo: Nebraska mandated e-code reporting in 1994 and in 1996 did an assessment of inpatient records. In 12,000 injury records, over 80 percent of the cases contained e-codes. Hospitals were receptive to feedback of the results of this study.

The Workgroup felt that this group should be involved in educating providers about the coding standards and seek payer support once the recommendations are finalized. Payers are interested in managing population health and seeking of cost reduction through injury prevention initiatives.

Karl: Place of occurrence is key to many of the public health and population health studies, so an important component of e-coding.

Related issues for Workgroup Consideration:

Denise cited approximately 17 states reported a systematic linkage between encounter (inpatient discharge) and vital records data (NAHDO AdminSimp Survey 1998). The Workgroup guessed about 22 states link discharge data and mortality data for the Crash Outcomes Data and Evaluation Set (CODES) as well. ICD9 to ICD10 conversion is (or has) occurred for mortality data, but will not occur until 2003 (at least) for morbidity data sets. States that link these data sets will need some help with cross-walking between two different coding schemes. Donna hopes to have results from a linking/crosswalk study available late this year.

Other Reports:

Besides CODES, Denise/NAHDO were referred to the National Electronic Data Surveillance System (NEDSS) injury indicators and a report of consensus recommendations for Injury Surveillance for State Health Departments issued by the Injury Surveillance Workgroup (State and Territorial Injury Prevention Directors’ Association. (September, 1999) [Consensus Recommendations for Injury Surveillance in State Health Departments](#)).

Future Content Considerations (National Uniform Billing Committee (NUBC))

The NUBC will also need to consider whether a Place of Occurrence field should be inserted as a specific form locator on the UB form. This would need to go to the NUBC as it begins discussing the next version of the Uniform Billing form (UB02). This may be an easier sell when the time comes if it's already in the X12N 837 institutional standard. Under the Memorandum of Agreement between DHHS and the standards and content organizations, any proposals would be reviewed by these organizations.

Actions/Decisions from this first call:

1. Denise Love as scribe, Brenda Mitchell (NCHS) as a coordinator for setting up the calls and meetings.
2. Andy Zach and Arturo Coto volunteered to Co-chair the E-code Workgroup (Arturo will work closely with Bob Brewer, the State Epidemiologist in Nebraska).
3. The Workgroup will schedule two calls per month.
4. The first step will be to expand current practice portion of the recommendations to reflect the APHA report, the NAICRS recommendations, CODES/linkages, and trauma registry information (as available).
5. Workgroup members will communicate using the Listserve set up by NCHS and with each other as needed (a contact list will be distributed).

NEXT CALL JUNE 29, 11 AM TO 1 PM ET.